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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 DEC 0 8 2008 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where the propriate of further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated indicated otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 09/09/2008 20583 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. JONES DAY **222 EAST 41ST ST** NEW YORK, NY 10017 008 CCHAU2 00000140 503013 12/09/2008 CCHAU2 10724273 01 FC:1504 300.00 DA (Signature 02 FC:2501 755.00 DA 30.00 DA (Date 03 FC:8001 APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/724,273 11/24/2003 6923-119 4596 Peter Palese TITLE OF INVENTION: NUCLEIC ACIDS ENCODING A NOVEL INFLUENZA VIRUS NON-STRUCTURAL PROTEIN (NS1)-BINDING HOST FACTOR DESIGNATED NS11-1. APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$720 \$300 \$0 \$1020 12/09/2008 **EXAMINER** ART UNIT CLASS-SUBCLASS PARKIN, JEFFREY S 1648 536-023100 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Jones Day (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/17; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Mount Sinai School of Medicine of New York University, New York, NY Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 😡 Corporation or other private group entity 🔲 Government 4a. The following fce(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 🔯 Issue Fee A check is enclosed. ☐ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form). Advance Order - # of Copies 10 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. per S. Chheda December 8 Authorized Signature Typed or printed name Laura A. Coruzzi Registration No. 30,742 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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(Depositor's name)
(Signature)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/724,273	11/24/2003	Peter Palese	6923-119	4596

TITLE OF INVENTION: NUCLEIC ACIDS ENCODING A NOVEL INFLUENZA VIRUS NON-STRUCTURAL PROTEIN (NS1)-BINDING HOST FACTOR DESIGNATED NS11-1.

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	YES	\$720	\$300	\$0	\$1020	12/09/2008			
EXAMINER		ART UNIT	CLASS-SUBCLASS						
PARKIN, JEFFREY S		1648	536-023100	•					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 		n of "Fee Address" (37	2. For printing on the patent front page, list						
Change of correspondence address (or Change of Correspondence		nge of Correspondence	(1) the names of up to 3 registered patent attorneys 1 Jones Day or agents OR, alternatively,						
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2						
			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
								3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Mount Sinai School of Medicine of New York University, New York, NY									
Please check the appropri	ate assignee category or	categories (will not be pri	inted on the patent):	Individual 😡 Corporatio	on or other private group	entity Government			
4a. The following fce(s) a	re submitted:	4b	Payment of Fee(s): (Pleas	e first reannly any newi	ously noid issue fee sho	above)			
issue Fee			4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.						
Publication Fee (No small entity discount permitted)		ermitted)	Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies 10			The Director is hereby authorized to charge the required fee(s) any deficiency or credit any						
			overpayment, to Depos	it Account Number 50-	3013 (enclose an ex	tra copy of this form).			
5. Change in Entity Stat			_						
	SMALL ENTITY statu		b. Applicant is no longe	er claiming SMALL ENT	TY status. See 37 CFR	1.27(g)(2).			
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Authorized Signature	Jaura C	Ceruzzi	By: Janel	\sim $c + i + d$	a Regi	00.46,617			
Typed or printed name Laura A. Coruzzi			Registration No. 30,742						
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process)									

Inis collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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pplication of: Palese et al.

Confirmation No.: 4596

Application No.: 10/724,273

Group Art Unit: 1648

Filed: November 24, 2003

Examiner: Parkin, Jeffrey S.

For: NUCLEIC ACIDS ENCODING A NOVEL

Attorney Docket No.: 6923-119

INFLUENZA VIRUS NON-STRUCTURAL PROTEIN (NS1)-BINDING PROTEIN HOST

FACTOR DESIGNATED NS1I-1

SUBMISSION OF ISSUE AND PUBLICATION FEES

Mail Stop Issue Fee

Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

DEC 0 8 2008

In response to the Notice of Allowance and Fees Due mailed September 9, 2008 in connection with the above-identified application, submitted herewith is (i) a Fee Transmittal (Form PTOL-85), including authorization of the payment of the required fees and (ii) a Request For Reconsideration Of Patent Term Adjustment Under 37 C.F.R. § 1.705(b), including authorization of the payment of the required fees, with accompanying Exhibits A and B.

Please charge the required-fees, estimated to be \$1220 (for small entity, a \$720 issue fee, \$300 publication fee, and \$200 fee for filing the Request for Reconsideration), to Jones Day Deposit Account No. 50-3013.

Respectfully submitted,

Date:

December 8, 2008

By:

JONES DAY

222 East 41st Street

New York, New York 10017

(212) 326-3939

Enclosures